Entered - 10/20/00 - sb CL00L0634 - DIANNE C. MITCHELL

CLAIM OF: THE TRAVELERS INDEMNITY COMPANY

AS SUBROGEE OF WILLIAM ACREE

P. O. Box 2954

Milwaukee, WI 53201-2954

For damages alleged to have been sustained as a result of a vehicular accident on June 29, 1999 at 2118 Defoors Ferry Road.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to THE TRAVELERS INDEMNITY COMPANY AS SUBROGEE OF WILLIAM ACREE the sum of \$1,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on June 29, 1999 at 2118 Defoors Ferry Road as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

FAVORABLE REPORT

PUBLIC SAFTEY &

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WITHOUT SIGNATURE
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## MUNICIPAL CLERK ATLANTA, GEORGIA

01-R-1945

A RESOLUTION

BY PUBLIC SAFETY & LEGAL ADMINISTRATION COMMITTEE

BE IT RESOLVED BY the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to The Travelers Indemnity Company as subrogee of William Acree in the sum of \$1,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character, for damages alleged to have been sustained as a result of a vehicle accident on June 29, 1999 at 2118 Defoors Ferry Road as is more particularly set forth in the within claim; said sum taken from and charged to Account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

A true copy,

ADOPTED by the Council
RETURNED WITHOUT SIGNATURE OF THE MAYOR
APPROVED as per City Charter Section 2-403

DEC 03, 2001

DEC 12, 2001

## **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

	Date: <u>November 8, 2001</u>
Claimant/Victim THE TRAVELERS INDEMINITY CO	DMPANY AS SUBROGEE OF WILLIAM DENT ACREE BY
(Atty)(Ins. Co.)	WIT ANT ASSUBROGEE OF WILLIAM DENT ACREE BY
Address: P. O. Box 2954, Milwaukee WI 53201-	2954
Subrogation: X Claim for Property damage \$ 16.	183.05 Bodily Injury \$ ten, proper X Improper
Date of Notice: 12/20/99 Method: Writ	ten proper X Improper
Comornis to Notice: O.C.G.A. Q30-33-5	Ante Litem (6 Mo.) V
Date of Occurrence 06/29/99 Place	e:2118 Defoors Ferry Road
Department Police	Division:
Employee involved	Disciplinary Action: Written Reprimand
NATURE OF CLAIM: The driver of the City vehicle, resr	onding to a suspicious person call at the gas station located at the
above listed address, struck the claimant's vehicle as he ent	ered the parking lot causing damages in the above amount
	g continued the the doore amount.
INVESTIGATION:	
Statements: City employee Claimant	Others Written Oral
Pictures Diagrams Reports: Police	X Dept Report Other
Traffic citations issued: City Driver	Claimant Driver
Citation disposition: City Driver	Claimant Driver
BASIS OF RECOMMENDATION:	
Function: Governmental X	_ Ministerial
Improper Notice More than Six Months	Other Damages reasonable
City not involved Offer rejecte	ed Compromise settlement X
Claimant Negligent City Negligent X	Joint Claim Abandoned
	Respectfully submitted,
1	I Sheet Mark at 18
	0,
	INYESTIGATOR - DIANNE C. MITCHELL
DECOMMENDATION: /	
RECOMMENDATION:	
Day 6 1 000 00 / // // // // //	
/ 17777 / J	
Commutee Action:	Council Action
FORM 23-61	
INVESTIGATION:  Statements: City employee Claimant Pictures Diagrams Reports: Police Citation disposition: City Driver Citation disposition: City Driver Citation: Governmental X More than Six Months City not involved Offer rejected Repair/replacement by Ins. Co Claimant Negligent City Negligent X City Negligent X Claimant Negligent City Negligent X City Negligent X Comments City Negligent X	OthersWrittenOralXDept ReportOtherClaimant DriverClaimant DriverClaimant Driver